STATE OF C			is.				ad Drives							
STD 262 (REV. 10/92) Stateme						uctions and Privacy nt on Reverse Side					Page	1	of	1
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER DEPARTME					ENT			
Linda Ulrich POSITION CB/ID NUMBER					R	Washir DIVISION OR BUREAU					ngton DC Office			
Director														
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
444 North Capitol Street, NW #134						CITY STATE					ZIP			
Washing		DC		20001										
				MEALS				Ť	RANSPORTATI	ON				
MONTHMEAR		LOCATION								CARFARE,			BUSINESS	TOTAL
Oct-09	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF	TYPE USED	TOLLS,	PRIVATE	AMOUNT	EXPENSE	EXPENSES FOR DAY
DATE	TIME			DILLAM AST	LUNUN	Diffice		110410.	111 6 00 6			AMICONT		FOR DAY
02-Oct		Washington, DC								10.00		0.00		10.0
14-Oct		Washington, DC								16.00		0.00		16.0
21-Oct		Washington, DC								18.00		0.00		18,0
29-Oct		Washington, DC								7.00		0.00		7.0
30-Oct		Washington, DC								25.00		0.00		25.0
												0.00		0.0
								:				0.00		0.0
												0.00		0.00
												0,00		0.0
												0.00		0.0
						·P.						0.00		0.0
												0.00		0.0
												0.00		0.0
SUBTOTALS 0.00			0.00	0.00	0.00	0.00	0.00	0.00	76.00	0	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)				(1) [2]	的人的服务 产品产品的	AN TO BE		1 E 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 miles	Elefti,	MARKET.	1.5		
CLAIM TOTAL											\$76.00			
		IP, REMARKS AND om meetings for th				hen requir	ed)				NORMAL 1	WORK HOL	JRS	
										-	PRIVATE	VEHICLE LI	CENSE NU	JMBER
										MILEAGE RATE CLAIMED 0.445				
I HEREBY C	ERTIFY, Th	nat the above is a true state	ement of the t	ravel expense	s incurred b	y me in accor	rdance with D	PA rules in the	he service of	the State of	AGEN	CY ACCOL		FFICE

I HEREBY CERTIFY. That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage.

DATE

JI — 2 — D 9

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

PAID BY REVOLVING FUND CHECK NUMBER

240784

DATE

4/23/09

DATE